MARION COUNTY COMMUNITY CORRECTIONS REFERRAL INFORMATION FORM

<u>Mission Statement:</u> The mission and goal of Marion County Community Corrections is to effectively coordinate the County's Criminal Justice Plan and to divert <u>non-violent</u> offenders from the Department of Correction while maintaining the Public's safety.

<u>Target Population - Adult:</u> Non-violent felony offenders sentenced to a term of four (4) years or less and Class A misdemeanors.

Please forward copies of the following along with this referral form: Charging Information; Probable Cause; Criminal History; Plea Agreement/Offer; PSI; Driving Record.

Client Information:	Gallery	/ #:			
Name:	SSN	T:	FBI #:		
Address:	Cit	y:	State:	Zip:	
Phone:	DOB:	Age:	_ Race:	Sex:	
Martial Status:	# of dependants	# of dependants:			
Educational Level:	Employment:				
Court Information:					
Full Case Number:	Ref. Source Tx and Fax:				
Charge(s):	Ref. Source:				
Charge Class:	Next Court Dat	e:	_ Judge:		
	Courtroom #:_				
Plea Agreement/Offer:_					
Are there other charges	pending? If so, e	xplain:			
Currently on Probation?	Probati	on Officer:_			
Additional Informatio	<u>n:</u>				
Has the individual been If so, please explain:				ent?	
Current Health Problem	s (if any):				